

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold;">2010</div> Open to Public Inspection
The organization may have to use a copy of this return to satisfy state reporting requirements		

A For the **2010** calendar year, or tax year beginning **10-01-2010** and ending **09-30-2011**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization FAMILY RESEARCH COUNCIL ACTION Doing Business As FRC ACTION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 801 G STREET NW City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001	D Employer identification number 52-1805562 E Telephone number (202) 393-2100 G Gross receipts \$ 1,191,116
F Name and address of principal officer ANTHONY PERKINS 801 G STREET NW WASHINGTON, DC 20001	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **FRC ACTION ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1992 **M** State of legal domicile: DC

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO EDUCATE THE PUBLIC ON TRADITIONAL FAMILY VALUES		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	1,775,511
		9	Program service revenue (Part VIII, line 2g)	0
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	330	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,775,619	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,500
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	142,295
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	135,264	
	b	Total fundraising expenses (Part IX, column (D), line 25) 182,031	95,248	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,477,897	
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,767,956	
	19	Revenue less expenses Subtract line 18 from line 12	7,663	
	20	Total assets (Part X, line 16)	70,947	
	21	Total liabilities (Part X, line 26)	591,629	
	22	Net assets or fund balances Subtract line 21 from line 20	-520,682	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ***** PAUL J. TRIPODI VICE PRESIDENT, ADMINISTRATION	Date 2012-04-17	Check if self-employed <input type="checkbox"/>	PTIN Firm's EIN
	Preparer's signature DEBORAH G KOSNETT	Date		
Paid Preparer Use Only	Print/Type preparer's name DEBORAH G KOSNETT	Firm's name TATE AND TRYON	Firm's address 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036	Phone no (202) 293-2300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission

FRC ACTION SUPPORTS 1 CONSTITUTIONAL AND LEGAL PROTECTIONS FOR LIFE IN ALL STAGES FROM CONCEPTION TO NATURAL DEATH 2 PREFERENCE IN PUBLIC POLICIES FOR HETEROSEXUAL MARRIAGE AND THE TRADITIONAL FAMILY 3 A STRONG NATIONAL DEFENSE AND FOREIGN POLICY ROOTED IN NATIONAL INTERESTS AND IDEALS 4 TAX AND FISCAL POLICIES THAT STRENGTHEN RATHER THAN WEAKEN AMERICA'S FAMILIES 5 RESTORATION OF THE CONSTITUTIONAL BALANCE IN RELATIONS BETWEEN CHURCH AND STATE 6 JUDICIAL RESTRAINT AND RESPECT FOR THE ORIGINAL INTENT OF THE FRAMERS OF THE CONSTITUTION 7 A RENEWAL OF ETHICAL MONOTHEISM AND TRADITIONAL JUDEO-CHRISTIAN STANDARDS OF MORALITY-THE "LAWS OF NATURE AND NATURE'S GOD"-TO WHICH THE FOUNDING FATHERS APPEALED IN THE DECLARATION OF INDEPENDENCE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 153,206 including grants of \$) (Revenue \$ 0)
<p>"THE FOUNDATIONS OF OUR SOCIETY AND OUR GOVERNMENT REST SO MUCH ON THE TEACHINGS OF THE BIBLE THAT IT WOULD BE DIFFICULT TO SUPPORT THEM IF FAITH IN THESE TEACHINGS WOULD CEASE TO BE PRACTICALLY UNIVERSAL IN OUR COUNTRY " -- CALVIN COOLIDGE, 30TH PRESIDENT OF THE UNITED STATES OF AMERICA. FOUNDED IN 1992, FRC ACTION IS THE NON-PROFIT AND TAX-EXEMPT LEGISLATIVE ACTION ARM OF FAMILY RESEARCH COUNCIL. ITS MISSION IS TO EDUCATE BOTH THE GENERAL PUBLIC AND CULTURAL LEADERS ABOUT TRADITIONAL AMERICAN VALUES AND TO PROMOTE THE PHILOSOPHY OF THE FOUNDING FATHERS CONCERNING THE NATURE OF ORDERED LIBERTY. FRC ACTION FORTIFIES THE TRADITIONAL FOUNDATIONS OF CIVIL SOCIETY THROUGH ITS EFFORTS TO EDUCATE, INFORM AND INFLUENCE ELECTED AND APPOINTED OFFICIALS IN SUPPORT OF THE COUNTRY'S HISTORIC IDEALS OF EQUALITY UNDER THE LAW, AND THE UNALIENABLE RIGHTS TO LIFE, LIBERTY, PROPERTY, AND THE PURSUIT OF HAPPINESS AS A 501(C)(4), NON-PROFIT EDUCATION AND LOBBYING ORGANIZATION, FRC ACTION CAN SPEND 100 PERCENT OF ITS TIME, BUDGET AND STAFF RESOURCES LOBBYING CONGRESS, STATE LEGISLATURES AND THE PUBLIC ON BEHALF OF FAMILIES ACROSS THE COUNTRY. FRC ACTION HAS UNDERWRITTEN THE COSTS OF VIDEO CAMPAIGNS ON PUBLIC POLICY ISSUES, SUPPORTED ADVOCACY ADVERTISING ON THESE ISSUES, AND PROVIDED FOR THE NATION'S POLITICAL PARTIES WITH INFORMATION ON TRADITIONAL AMERICAN VALUES. CANDIDATE EDUCATION & SUPPORT THE GREAT ELECTORAL REVERSAL IN 2010, IN WHICH THE HOUSE OF REPRESENTATIVES SWITCHED HANDS AND THE LIBERAL CONTROL OF THE SENATE WAS BROKEN, WAS A FITTING CULMINATION OF MONTHS' WORTH OF EFFORT BY FRC ACTION AND OUR PACS, LARGELY INVOLVING THE WORK OF FRC ACTION PAC, FRC ACTION'S SEPARATE SEGREGATED FUND UNDER IRC SECTION 527. ADDITIONALLY, DURING THE YEAR, FRC ACTION ITSELF WORKED TO EDUCATE THE LARGE FRESHMAN CLASS OF '10 AND TO ENSURE THEY STAND STRONG ON PRO-FAMILY PRINCIPLES. FRC ACTION PAC FRC ACTION FUNDS ONLY THE ADMINISTRATIVE EXPENSES OF ITS PAC, ALL PAC ACTIVITIES ARE SEPARATELY FUNDED BY THE PAC ITSELF, OPERATING UNDER FEDERAL ELECTION COMMISSION GUIDELINES. THE PAC'S RECEIPTS AND EXPENDITURES ARE NOT PART OF THIS FORM 990 REPORT. THE FOLLOWING ACTIVITIES WERE CARRIED OUT SOLELY BY FRC ACTION PAC, UTILIZING ITS OWN FUNDS: THE 2010 ELECTION CYCLE WAS THE FIRST FULL CYCLE FOR FRC ACTION PAC. IT SUCCEEDED WITH TIMELY ENDORSEMENTS, TV AND RADIO ADS AND STRATEGIC GET-OUT-THE-VOTE EFFORTS. OF THE 182 STATE AND FEDERAL CANDIDATES ENDORSED, 85% (156) WON. THE PAC HELPED ELECT 83 CONSERVATIVES TO THE U.S. CONGRESS OF THE 20 CONGRESSIONAL LIBERALS TARGETED, 19 LOST TO CONSERVATIVES. SIX KEY STATE LEGISLATURES FLIPPED FROM DEMOCRATIC TO REPUBLICAN - NEW HAMPSHIRE, MAINE, PENNSYLVANIA, INDIANA, IOWA AND MINNESOTA.</p>	
4b	(Code) (Expenses \$ 119,925 including grants of \$) (Revenue \$)
<p>DON'T ASK DON'T TELL IN THE LAME DUCK SESSION. DURING THE LAME DUCK SESSION OF CONGRESS, FOLLOWING THE HISTORIC 2010 ELECTION, LIBERALS IN CONGRESS WORKED HARD TO INSTITUTE A SOCIAL AGENDA THAT HAD STALLED FOR SEVERAL YEARS WHILE THEY HOLD ABSOLUTE CONTROL OF CONGRESS. FRC ACTION TOOK A LEAD ROLE IN OPPOSING EFFORTS TO RESCIND THE MILITARY'S LONG-STANDING BAN ON HOMOSEXUAL CONDUCT. THROUGH WEB CASTS WITH HIGH-RANKING RETIRED MILITARY PERSONNEL, PARTNERSHIP WITH MILITARY CHAPLAIN ORGANIZATIONS, TELEVISION APPEARANCES AND OPINION EDITORIALS IN MAJOR NEWSPAPERS, FRC ACTION WAS THE LEAD VOICE IN OPPOSING SOCIAL EXPERIMENTATION WITHIN THE MILITARY RANKS. THOUGH CONGRESS ULTIMATELY PUT THE NATION ON A PATH TO RESCINDING THE BAN ON HOMOSEXUAL CONDUCT, FRC ACTION'S PROFILE WAS SIGNIFICANTLY RAISED.</p>	
4c	(Code) (Expenses \$ 87,390 including grants of \$) (Revenue \$)
<p>VALUES BUS. IN THE FALL OF 2011, FRC ACTION LED A SUCCESSFUL EFFORT WITH OUR VALUES BUS TO UNSEAT THREE ACTIVIST JUDGES IN IOWA. BY DRAWING ATTENTION TO THEIR OVERREACHING DECISION ON THE DEFINITION OF MARRIAGE AND THROUGH STRATEGIC PARTNERSHIPS WITH FORMER AND CURRENT MEMBERS OF CONGRESS, ALL THREE JUDGES WERE REMOVED FROM THEIR POSTS BY THE PEOPLE OF IOWA.</p>	
4d	Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 761,160 including grants of \$ 16,250) (Revenue \$)	
4e	Total program service expenses \$ 1,121,681

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/>	3 Yes	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III <input checked="" type="checkbox"/>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) <input checked="" type="checkbox"/>	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year: _____		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6 Does the organization have members or stockholders?	Yes	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		No
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13 Does the organization have a written whistleblower policy?	Yes	
14 Does the organization have a written document retention and destruction policy?	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	Yes	
b Other officers or key employees of the organization		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed: AZ, AR, CT, FL, HI, KY, MA, MN, NH, NJ, NM, NY, NC, OR, PA, SC, UT, VA, WA, WI, CO, MO, WV
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAUL TRIPODI
 801 G STREET NW
 WASHINGTON, DC 20001
 (202) 393-2100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY PERKINS PRESIDENT & CEO	8.00	X		X				37,655	174,584	13,550
(2) STEPHEN W REED SECRETARY	2.00	X		X				0	0	0
(3) JEFFREY ARMOUR DIRECTOR	2.00	X						0	0	0
(4) LARRY SMITH DIRECTOR	2.00	X						0	0	0
(5) PHIL BURRESS CHAIRMAN	2.00	X						0	0	0
(6) TOM SHIELDS DIRECTOR	2.00	X						0	0	0
(7) BRIAN PHARRIS DIRECTOR	2.00	X						0	0	0
(8) RICK SANTORUM THRU MAY 2011 DIRECTOR	2.00	X						0	0	0
(9) ROBERT SCHWARZWALDER SENIOR VICE-PRESIDENT	6.00			X				21,034	112,298	18,147
(10) KENYN CURETON VP CHURCH MINISTRIES	1.00			X				1,060	131,652	13,000
(11) PAUL TRIPODI VP ADMINISTRATION	2.00			X				5,440	119,344	20,900
(12) PAUL FITZPATRICK VP DEVELOPMENT	1.00			X				3,460	114,873	20,337
(13) THOMAS MCCLUSKY VP GOVT AFFAIRS & FRCA	14.00			X				41,600	83,966	12,581
(14) JOHN P DUFFY VP COMMUNICATIONS	1.00			X				1,788	90,309	18,665
(15) SHARON HELTON SR DIRECTOR EVENTS	14.00					X		52,797	74,596	12,690
(16) GIL MERTZ DIR DEVELOPMENT	1.00					X		1,563	116,329	13,000

Form 990 (2010)

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a						
	b Membership dues 1b						
	c Fundraising events 1c						
	d Related organizations 1d						
	e Government grants (contributions) 1e						
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,190,772					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		1,190,772				
	Program Service Revenue	2a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		14			14
		4 Income from investment of tax-exempt bond proceeds					
	5 Royalties						
	6a Gross Rents	(i) Real (ii) Personal					
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS REVENUE	900099	330			330		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		330					
12 Total revenue. See Instructions		1,191,116	0	0	344		

THIS IS A COPY OF A LIVE DATA RETURN. OFFICIAL USE ONLY.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	16,250	16,250		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,037	81,169	18,531	12,337
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
a	Fees for services (non-employees) Management	407,218	232,744	142,665	31,809
b	Legal	60,047	49,479	5,044	5,524
c	Accounting	11,550		11,550	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	95,248			95,248
f	Investment management fees				
g	Other	413,604	347,444	52,805	13,355
12	Advertising and promotion	26,500	26,500		
13	Office expenses	18,186	14,770	3,000	416
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	55,972	55,972		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,150	4,150		
20	Interest	37,482		37,482	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,034	1,938	1,096	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING	169,211	155,465	1,240	12,506
b	POSTAGE & FREIGHT	137,723	125,438	1,907	10,378
c	MISCELLANEOUS	19,957	2,034	17,923	0
d	EQUIPMENT MAINTENANCE &	7,190	6,678	54	458
e	PRODUCTION	1,650	1,650	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,597,009	1,121,681	293,297	182,031
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	67,712	2	55,958
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,235	4	28,547
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,000	9	78,312
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,947	16	162,817	
Liabilities	17 Accounts payable and accrued expenses	177,087	17	106,514
	18 Grants payable		18	
	19 Deferred revenue		19	293,206
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	414,542	25	689,672
	26 Total liabilities. Add lines 17 through 25	591,629	26	1,089,392
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-529,142	27	-935,035
	28 Temporarily restricted net assets	8,460	28	8,460
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-520,682	33	-926,575
34 Total liabilities and net assets/fund balances	70,947	34	162,817	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,191,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,597,009
3	Revenue less expenses Subtract line 2 from line 1	3	-405,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-520,682
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-926,575

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2010)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ 5,000
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 5,000
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 5,000
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☒ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) FRC ACTION POLITICAL ACTION COMMITTEE	801 G STREET NW WASHINGTON, DC 20001	26-2871441	0	0
(2) VIRGINIA VALUES VOTERS POLITICAL ACTION COMMITTEE	5501 MERCHANTS VIEW SQ 736 HAYMARKET, VA 20169	27-0159860	0	0
(3) FAITH FAMILY FREEDOM FUND	801 G STREET NW WASHINGTON, DC 20001	27-3573470	0	0
(4) NH VALUE VOTERS PAC	PO BOX 10188 BEDFORD, NH 03110	27-3476300	1,000	
(5) CORNERSTONE ACTION PAC	PO BOX 10188 BEDFORD, NH 03110	27-3476068	4,000	

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1 Yes	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other
- c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations **3a(i)** ☐ Yes ☐ No

(ii) related organizations **3a(ii)** ☐ Yes ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ☐ 0

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

[illegible]

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,191,116
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,597,009
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-405,893
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-405,893

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,191,116
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,191,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,191,116

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,597,009
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,597,009
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,597,009

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR INCOME TAX POSITIONS TAKEN. THEREFORE, MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS. THE FISCAL YEARS ENDING SEPTEMBER 30, 2008 THROUGH SEPTEMBER 30, 2011 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and e-mail solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KMA DIRECT COMMUNICATIONS 7160 DALLAS PARKWAY PLANO, TX 75024	DIRECT MAIL CONSULTANT		No	557,761	11,055	546,706
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEPHONE FUNDRAISING		No	101,707	75,719	25,988
MDS COMMUNICATIONS CORP 545 WEST JUANITA AVENUE MESA, AZ 85210	TELEPHONE FUNDRAISING		No	26,460	8,474	17,986
Total				685,928	95,248	590,680

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AZ, AR, CT, FL, HI, KY, MA, MN, NH, NJ, NM, NY, NC, OR, PA, SC, UT, VA, WA, WI, CO, MO, WV

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," Explain _____**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | |
|--------------------------------------|------------|
| a The organization's facility | 13a |
| b An outside facility | 13b |
- 14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule G (Form 990 or 990-EZ) 2010

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIANA FAMILY ACTION INCPO BOX 452 ZIONSVILLE, IN 46077	71-0998358	501(C)(4)	10,000				OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations 0
- 3** Enter total number of other organizations 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GENERALLY SPEAKING, FRCA PROVIDES GRANTS TO SECTION LIKE-MINDED ORGANIZATIONS THAT IT IS FAMILIAR WITH, IN TERMS OF MISSION AND PROGRAMS FRC REQUESTS THAT GRANTEEES UTILIZE GRANTS IN ACCORDANCE WITH THEIR DECLARED MISSION FRC DOES NOT FURTHER MONITOR GRANTS BEYOND INVESTIGATING AN ORGANIZATION'S MISSION AND ACTIVITIES BEFOREHAND

Schedule I (Form 990) 2010

100777010

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board of compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTHONY PERKINS	(i)	37,655	0	0	0	0	37,655	0
	(ii)	159,584	0	15,000	12,050	1,500	188,134	0
(2) ROBERT SCHWARZWALDER	(i)	21,034	0	0	0	0	21,034	0
	(ii)	112,298	0	0	5,147	13,000	130,445	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule J (Form 990) 2010

100777010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		FRC HAS ONE CLASS OF MEMBERS MEMBERSHIP IS OPEN TO INDIVIDUALS WHO SUPPORT FAMILY RESEARCH COUNCIL ACTION'S PURPOSES AND POLICIES

100777010

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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ONCE FORM 990 HAS BEEN PREPARED, IT GOES TO FRCA'S TOP MANAGEMENT FOR REVIEW, AND THEN THE AUDIT COMMITTEE (INCLUDING LEGAL COUNSEL), AND THEN THE FULL FRCA BOARD

100777010

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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>RESOLVING CONFLICTS OF INTEREST INVOLVING A DIRECTOR IF A DIRECTOR HAS AN ACTUAL CONFLICT OF INTEREST IN REGARD TO A MATTER OF BUSINESS PENDING BEFORE THE BOARD OF DIRECTORS AS TO THE BUSINESS OR MINISTRY OF FAMILY RESEARCH COUNCIL, THE AFFECTED DIRECTOR SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE IN ANY VOTE ON SUCH MATTER, WHETHER BY THE BOARD OR ONE OF ITS COMMITTEES, THE VOTE OF THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE VOTE ON THE MATTER THE MINUTES SHALL REFLECT THE FACT THAT THE DIRECTOR DID NOT VOTE ON THE ISSUE IF A CONFLICT OF INTEREST ON THE PART OF A DIRECTOR AS TO A MATTER NOT PENDING FOR APPROVAL BEFORE THE BOARD OF DIRECTORS IS DISCLOSED OR COMES TO THE KNOWLEDGE OF THE CHAIRMAN OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, THE CHAIRMAN SHALL EXERCISE HIS BEST JUDGMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE --APPROVAL OF A TRANSACTION IN WHICH THE DIRECTOR HAS BENEFITED, DIRECTLY OR INDIRECTLY, IF HE IS REASONABLY CERTAIN THAT THE BEST INTERESTS OF FAMILY RESEARCH COUNCIL WILL BE SERVED THEREBY, OR --REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR --REFERRAL OF THE ISSUE TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OR TO THE FULL BOARD, FOR DECISION IN ALL CASES IN WHICH THE CHAIRMAN OF THE AUDIT COMMITTEE OF THE BOARD DETERMINES THAT THERE IS A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING A DIRECTOR, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED DIRECTOR SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER BOARD MEMBERS MAY HAVE IN EACH INSTANCE, THE CHAIRMAN OF THE BOARD OF DIRECTORS SHALL REPORT THE EXISTENCE OF A CONFLICT OF INTEREST AND HIS ACTIONS CONCERNING IT TO THE REMAINDER OF THE BOARD OF DIRECTORS WITHIN A REASONABLE TIME FOLLOWING HIS DECISION THESE PROCEDURES SHALL BE FOLLOWED BY THE VICE CHAIRMAN OF THE BOARD OF DIRECTORS IN REGARD TO ANY CONFLICT OF INTEREST INVOLVING THE CHAIRMAN OF THE BOARD OF DIRECTORS IF THE CHAIRMAN OF THE BOARD OF DIRECTORS (OR THE VICE CHAIRMAN, IN THE CASE OF CONFLICTS OF INTEREST INVOLVING THE CHAIRMAN OF THE BOARD) DETERMINES IN REGARD TO A MATTER REPORTED AS A CONFLICT OF INTEREST THAT NO CONFLICT EXISTS, HE NEED NOT NOTIFY THE BOARD OF DIRECTORS BUT THE SECRETARY OF THE CORPORATION SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE TO THE BOARD MEMBERS UPON REQUEST RESOLVING CONFLICTS OF INTEREST INVOLVING AN EMPLOYEE OR EXECUTIVE IF A CONFLICT OF INTEREST ON THE PART OF AN EMPLOYEE OR EXECUTIVE IS DISCLOSED OR COMES TO THE KNOWLEDGE OF THE EXECUTIVE TO WHOM AN EMPLOYEE REPORTS, OR TO THE SUPERVISOR OF AN EXECUTIVE, THE EXECUTIVE OR SUPERVISOR SHALL, IN THE CASE OF AN EMPLOYEE, REFER THE MATTER TO THE SENIOR STAFF AND, IN THE CASE OF AN EXECUTIVE, THE SUPERVISOR SHALL REFER THE MATTER TO THE EXECUTIVE COMMITTEE FOR RESOLUTION ABOUT THE APPROPRIATE COURSE OF ACTION, WHICH MAY INCLUDE --APPROVAL OF A TRANSACTION IN WHICH THE EMPLOYEE OR EXECUTIVE HAS BENEFITED, DIRECTLY OR INDIRECTLY, IF HE IS REASONABLY CERTAIN THAT THE BEST INTERESTS OF FAMILY RESEARCH COUNCIL WILL BE SERVED THEREBY, OR --REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR --REFERRAL OF THE ISSUE TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OR TO THE FULL BOARD, FOR DECISION IN SUCH CASES, IF THE AUDIT COMMITTEE OF THE BOARD DETERMINES THAT THERE IS A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN EMPLOYEE OR EXECUTIVE, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED EMPLOYEE OR EXECUTIVE SHALL ANSWER ANY QUESTIONS ABOUT THE MATTER BOARD MEMBERS MAY HAVE</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	DETERMINING COMPENSATION OF FRCA'S PRESIDENT DETERMINATION IS MADE BY FRC, A RELATED 501(C)(3) ORGANIZATION, AS THE FRCA PRESIDENT IS AN FRC EMPLOYEE THE PROCESS AT FRC IS AS FOLLOWS THE CFO MAKES REFERENCE TO COMPENSATION INFORMATION CONTAINED IN THE FORMS 990 OF SIMILAR ORGANIZATIONS, ALONG WITH MARKET SURVEY DATA, AND COMPARES IT TO THE PRESIDENT'S CURRENT COMPENSATION THE CFO THEN SUBMITS AN ANALYSIS TO FRC'S AUDIT COMMITTEE FOR THEIR REVIEW AND DECISION THE AUDIT COMMITTEE REVIEWS, DISCUSSES, AND SETS THE PRESIDENT'S COMPENSATION THE COMMITTEE THEN MAKES A CONTEMPORANEOUS RECORDING OF ITS DELIBERATION PROCESS DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES AGAIN, THOSE PERSONS WHO PROVIDE SERVICES TO FRCA ARE FRC EMPLOYEES, AND THEIR COMPENSATION IS SET BY FRC THE PROCESS IS AS FOLLOWS COMPENSATION CHANGES ARE ESTABLISHED BY THE FINANCE DEPARTMENT ON AN ANNUAL BASIS BASED ON AVAILABLE MARKET DATA CHANGES ARE APPROVED BY THE PRESIDENT

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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FRC ACTION PROVIDES COPIES OF ITS 990, FINANCIAL STATEMENTS AND FORM 1024 UPON REQUEST IT ALSO WILL PROVIDE A COPY OF ITS CONFLICT OF INTEREST POLICY, BUT NOT ANNUAL RESPONSES FROM DIRECTORS FRCA DOES NOT DISCLOSE ITS GOVERNING DOCUMENTS

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Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
FAMILY RESEARCH COUNCIL ACTION

Employer identification number

52-1805562

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) FAMILY RESEARCH COUNCIL 801 G STREET NW WASHINGTON, DC 20001 52-1792772	TO REAFFIRM AND PROMOTE THE TRADITIONAL FAMILY UNIT	DC	501(C)(3)	509(A)(1)			No
(2) FAMILY RESEARCH COUNCIL ACTION PAC 801 G STREET NW WASHINGTON, DC 20001 26-2871441	FEDERAL PAC	DC	527			Yes	
(3) VIRGINIA VALUES VOTER PAC 801 G STREET NW WASHINGTON, DC 20001 27-0159860	NON-FEDERAL PAC	VA	527			Yes	
(4) FAITH FAMILY FREEDOM FUND 801 G STREET NW WASHINGTON, DC 20001	INDEPENDENT EXPENDITURE PAC	DC	527			Yes	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V--UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FAMILY RESEARCH COUNCIL	L	34,753	FMV
(2) FAMILY RESEARCH COUNCIL	O	415,000	CASH
(3) FAMILY RESEARCH COUNCIL	N	484,531	FMV
(4) FAMILY RESEARCH COUNCIL	M	133,365	FMV
(5) FAMILY RESEARCH COUNCIL	Q	37,482	CASH
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2010

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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100777010

Software ID:

Software Version:

EIN: 52-1805562

Name: FAMILY RESEARCH COUNCIL ACTION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code)	(Expenses \$)	761,160	including grants of \$	16,250	(Revenue \$)	0
FRC ACTION'S GROWING INFLUENCE ON CAPITOL HILL IS PARTLY EXPLAINED BY THE GROWTH OF THE GRASSROOTS ACTION ALERT EMAIL SUBSCRIBERS LIST OF ALMOST 500,000 AND A MAILING LIST OF OVER 55,000. FRC ACTION SHAPES AND INFLUENCES POLICY DEBATES IN OUR NATION'S CAPITAL AND ACROSS THE COUNTRY AT THE GRASSROOTS LEVEL. FRC ACTION WORKED DAILY TO PLACE HEALTHY PRESSURE ON SENATE AND HOUSE MEMBERS BY SCORING KEY VOTES, RUNNING RADIO ADS IN KEY CONGRESSIONAL DISTRICTS, SENDING THOUSANDS OF E-MAIL ALERTS TO VOTERS, AND WORKING WITH ALLIED ORGANIZATIONS. OUR POWERFUL WEBCASTS FEATURING NATIONAL LEADERS AND POLITICIANS EFFECTIVELY RAISED AWARENESS AMONG VOTERS ON KEY SOCIAL AND FISCAL ISSUES, SUCH AS "SEX TRAFFICKING IN AMERICA FROM THE BOULEVARD TO PLANNED PARENTHOOD", "MISSION COMPROMISED" ON THE DON'T ASK, DON'T TELL (DADT) POLICY, AND "CUT, CAP, AND BALANCE" FISCAL STRATEGY. FROM OBAMACARE'S ABORTION COVERAGE TO DEFUNDING PLANNED PARENTHOOD, CONSTITUENTS' SUPPORT ENABLED FRC ACTION TO ANALYZE MORE THAN 460 ABORTION-RELATED BILLS IN 48 STATES AND THEN SEND OVER 60 ACTION ALERTS TO OUR FOLLOWERS. OUR COMPREHENSIVE STATE LEGISLATIVE REPORT SHOWING "GOOD NEWS FROM THE STATES" TRACKED THE ADVANCEMENT OF PRO-LIFE AND FAMILY BILLS, INCLUDING CLOSE TO 40 PRO-LIFE BILLS THAT PASSED IN STATE LEGISLATIVE CHAMBERS. WE WORKED BEHIND THE SCENES WITH MEMBERS OF CONGRESS TO EDUCATE NEW MEMBERS AND ENCOURAGE PRO-LIFE AND PRO-FAMILY LEGISLATION. FRC ACTION IMPACTED HOUSE MEMBERS' DECISIONS ON VOTES TO DEFUND PLANNED PARENTHOOD, APPROVE H.R. 3-THE NO TAXPAYER FUNDING FOR ABORTION ACT, UPHOLD THE DEFENSE OF MARRIAGE ACT (DOMA) WITHIN THE MILITARY, AND TO PASS THE "CUT, CAP, AND BALANCE" BILL IN SUPPORT OF A FISCALLY CONSERVATIVE GOVERNMENT BUDGET TO ACCOMPLISH OUR GOALS. FRC ACTION EMPLOYS VIRTUALLY EVERY FORM OF MODERN MEDIA. AT THE FORE OF FRC ACTION'S EFFORTS IS OUR PRIMARY WEBSITE, WWW.FRCACTION.ORG, WHICH HAD ALMOST 240,000 UNIQUE VISITORS THROUGHOUT THE FISCAL YEAR. FRC ACTION STAFF ALSO USE THE CLOAKROOM BLOG (WWW.THECLOAKROOMBLOG.COM) TO PROVIDE SUPPORTERS WITH INSIDE INFORMATION ON HAPPENINGS IN CONGRESS AND DAILY COMMENTARY ON TOPICS RELATED TO FAITH, FAMILY, AND FREEDOM. IN ADDITION TO PRODUCING A CONGRESSIONAL VOTE SCORECARD (HTTP://WWW.FRCACTION.ORG/SCORECARD), WHICH GRADES LEGISLATORS BASED UPON KEY VOTES, AND A 2012 REPUBLICAN PRESIDENTIAL VOTER GUIDE, FRC ACTION ALSO PRODUCES ACTION UPDATE EMAILS AND ACTION PRESS RELEASES. FRC ACTION PRODUCED VARIOUS INFORMATIONAL PRODUCTS, INCLUDING RESEARCH REPORTS, SPEECH TRANSCRIPTS, BOOKLETS, EMAIL ALERTS, AND TALKING POINTS AND BROCHURES. FOR 19 YEARS, FRC ACTION HAS STOOD AS A CONSISTENT AND EFFECTIVE ADVOCATE OF THE FAMILY. IT HAS ENDURED THE STORMS OF HOSTILE ADMINISTRATIONS, SOFTENING ECONOMIES, AND UNRELENTING OPPOSITION FROM SPECIAL INTEREST GROUPS. WITH THE PRAYERS AND FINANCIAL SUPPORT OF FAMILIES ACROSS AMERICA, WE DEFEND AND ADVANCE A STANDARD OF FAITH, FAMILY, AND FREEDOM. WE REMIND OUR COUNTRYMEN OF THE BELIEFS THAT HAVE SUSTAINED US FOR OVER TWO CENTURIES, AND IN DOING SO WE STRENGTHEN THE FOUNDATIONS OF OUR GREAT REPUBLIC. TRUSTING IN THE PROVIDENCE OF ALMIGHTY GOD TO GUIDE AND ESTABLISH THE WORK OF OUR HANDS, FRC ACTION WILL CONTINUE TO BE A CHAMPION FOR THE FAMILY, FOR MARRIAGE, FOR THE DIGNITY OF EACH HUMAN BEING, AND FOR THE UNALIENABLE RIGHTS ENDOWED TO US BY OUR CREATOR.						